

## **APPLICATION FOR ZONING CHANGE Logan Township, Blair County**

DATE:	

Application for rezoning request must be filed in the name of the owner of record of the premises in question and accompanied with the \$500 filing fee and all requested data.

The undersigned hereby applies to the Logan Township Board of Supervisors for rezoning of a tract of land described as follows:

۸nr	licant:				
Pho	one:	Fax:	E-Mail:		
Ow	ner of Record:				
Add	dress:				
Pho	one:	Fax:	E-Mail:		
App	olicant's interest i	n property (attach docu	mentation, deed or sales agreement)		
Leg	al 🗆 Equitabl	e 🗅			
Plea	ase answer and c	omplete all of the follow	ving information.		
1.	. Location of the tract of land:				
2.	Tax Parcel Number:				
3.					
4.	Requested zoning district change to:				
5.	Total acreage to	be rezoned:			
6.	Present use of t	ract of land:			

7. Pi	oposed use of tract of land:			
8. A	Applicant shall submit a plan showing the following information:			
a.	Key map showing the generalized location of the tract.			
b.	North point, graphic scale and date.			
c.	Name of record owner (and applicant).			
d.	Name and address of registered engineer, surveyor or land planner responsible for the plan.			
e.	Name of all abutting property owners.			
f.	Total tract boundaries of the property requesting rezoning showing bearings and distances and statement of total acreage of the tract.			
g.	Zoning data including present zoning district and requested zoning district.			
h.	All existing sewer lines, water lines, fire hydrants, utility lines, culverts, bridges, railroad, watercourses and easements.			
i.	All existing buildings or other structures and approximate location of all tree masses.			
j.	All existing streets including streets of record (recorded but not constructed), on or abutting the tract including names, right-of-way widths and cartway widths.			
k.	Legal description of the tract requesting rezoning.			
	tion to five (5) full-size copies of the plan, the applicant shall submit one (1) 7 copy of the plan and one (1) 8 $\frac{1}{2}$ x 11 copy of the plan.			
Signat	ure of Owner/ApplicantDate			
\$500.0	0 Filing Fee Paid, DateCheck No			
Receiv	ed By			